

**COLORADO METHAMPHETAMINE TASK FORCE**  
**Meeting November 14, 2006**  
**10:00 am – 1:00 pm**  
**Office of the Attorney General, 1525**

**Chair** – Jeanne Smith for Attorney General John Suthers

**Vice –Chairs:**

- *Treatment* – Janet Wood, Director, Behavioral Health Services, CDHS
- *Prevention* – José Esquibel, Director, Interagency Prevention Systems, CDPHE
- *Law Enforcement* – Lori Moriarty, Commander, Thornton Police, Department, North Metro Drug Task Force

**Task Force Members Present**

Dave Thomas, Executive Director, CDAC; Carmelita Muniz, Director, Colo. Assoc. of Alcohol and Drug Service Providers; Rep. Bob McCluskey; Tara Trujillo, Colorado Children's Campaign; Dr. Kathryn Wells, Denver Health; Melinda Cox, Div. of Child Welfare, DHS; Dr. Nick Taylor, Taylor Behavioral Health; Ty Gee, Haddon, Morgan and Foreman; Dr. Wayne Maxwell, North Range Behavioral Health; Janelle Krueger, CDE; Bob Watson, District Attorney, 13<sup>th</sup> JD; Chief Gary Hamilton, Cripple Creek Police Department; Erin Goff, Colorado Municipal League; Carol Poole, Director, DCJ; Theresa Spahn, Director, OCR; Tim Griffin, Div. of Adult Parole; Tom Quinn, Director of Probation Services; Judge James Hiatt, 8<sup>th</sup> JD; Justin Winburn, Governor's Office;

**NEXT STEPS –**

- a. The presentation today and a report will be sent to this group by end of December for review.
- b. The Data Committee will gather some of the data that already exists and study it, and will gather data from the American Drug and Alcohol survey.
- c. Judge Hiatt will try to find out if there is a way data can be gathered at time of arrest. (Note: A user is rarely arrested for meth, usually the person is booked for other crimes related to the need to feed this abuse)

---

**Introductions:** Jeanne Smith welcomed the group. Attorney General John Suthers is in on state business in Saudi Arabia and sends his regards.

**Review of Priorities:**

*Initial Priorities* – Utilize data to specifically identify problems and issues related to Methamphetamine in Colorado. We went to a group that was already formed to get the data. A survey was sent out to the various partners of the State Meth Task Force and to individuals within state government who have access and knowledge about key data sources. If there is someone in your area that would like to be part of the data collection committee let José know. If you know a contact name to one of the groups that is not yet connected to the survey, please send their contact information to Jos .

**Expectations** – Maintain a comprehensive and broad systems approach and addressing and responding to Methamphetamine abuse and related issues, in particular of drug endangered children, including the identification of long-term solutions.

**Resources Needed** - Data will help inform us regarding what is needed. Identify more individuals to serve on sub-committees.

**Data Committee Presentation:**

Thank you to Jim Adams-Berger and Summer Wright of OMNI Research and training for the work done in coordinating the work of the Data Committee, in particular the survey.

Tamara Hoxworth, a member of the Data Committee and a staff epidemiologist with the Alcohol and Drug Abuse Division, presented the findings of the meth data analysis

- A handout was given to members present of the entire PowerPoint presentation.
- Data indicator information can come from users, hospitals, prisons, and youth risk survey.
- Information shows an increase in the use of meth in our state, but this increase can be because of better ways that information is gathered.
- Law enforcement data show that Meth is progressing eastward from the western states
- Many labs have been closed – there is better communications between police and communities, but the size of amounts of meth seized tends to be larger, due to the increase in trafficking.
- More females, statewide and in Denver, are using meth with an specific increase in the Hispanic population.
- Smoking meth has increase.
- Among youth ages 18-25 in Colorado usage has increased to 2 – 3% higher than the national average.
- The health of gay man has become an issue with their increase meth use.
- Children are the most endangered population with meth users in the home.
- Treatment is one of the most cost effective ways to treat meth abuse and addiction.

**Discussion from presentation –**

- We need to get the message out that meth users can be treated. There is a belief out in the public that meth users are not treatable.
- There is a problem collecting data on meth users. Is there a way to get data on meth users when you are getting data on child abuse within the home? On the judicial side, most of the offenders will not be charged with meth crimes. They are being charged with other crimes, such as shoplifting, identity theft, car thefts. How can we capture the court data if they are being charged for other crimes instead of meth?
- What about capturing information on other cost, i.e. judicial cost, and secondary data regarding manufacture and use effects on children, or other data specific to meth and the impact on children?
- Let's get clarification on the data regarding endangered children. For instance, how to we get this information on the number of babies born to meth mothers?

This data is very hard to get due to the way hospital logs the information on newborns.

- There is the IDEL study for pregnancy and meth use. What is the relationship between the children and living in meth house?
- We need to get more data, more grants need to address this.
- There is data on pregnant women. At the national level there is new resource of the father's use of drugs and impact on children. Collecting information on the drug habits of fathers is starting to come forward.
- Can we get the cost of treatment for just one person? What is the type of treatment, the cost, length of time of treatment and the outcome? Janet can provide a range of this information (cost, length of time).
- The RAND Corporation did a study on this, but it is a national study.
- Treatment is a big issue that needs to be addressed by this task force.
- Do we have a way to breakdown how individuals get into treatment? Social services versus judicial? Comment: 50% are court ordered to treatment.
- It would be easier to get the medical staff to get this information instead of law enforcement.
- PSI's would have the data in the record. It is not just data on meth use, it is also use of other drugs. Do not use the PSI's - it is verbiage and not data. There is not any way to get this data. It has to be created. There is no database to gather this information.
- Law enforcement makes the calls on if it is meth or alcohol — it is very hard to get this information gathered.
- Veteran's Affairs might have some data available.

#### **Feedback from the Data Committee Members—**

- Tamara finds it helpful to get feedback from the Task Force members on what kind of data they are looking for.
- To hear back on the quality of the data given is helpful, also to hear where else data is being gathered.
- It was amazing to see that data is not collected in areas that you would think would collect it.
- Lets take the data that is already available and move on from there.
- We will be able to generalize some of the meth data and apply it other substance abuse arenas.

#### **General Comments about Treatment**

- What is the success rate of treatment? Last time a study of this was done in Colorado was in 1998; it is very expensive to do a follow up study on treatment success.
- Are we measuring treatment correctly? If we give them a dose of treatment and then take it away how well do we expect them to do? Are there other ways to measure treatment by the cost savings from other areas?
- If you know other places that data is gathered, please let this group know.
- Denver is a pilot site to gather information using Arrestee Drug Abuse Monitoring (ADAM)

- We need to remember that data gathered in Denver is not always helpful to the rest of the state, especially the rural areas. The survey itself might be able to be used outside the Denver metro area.
- Money needs to be there for treatment services, and the funding needs to go out to the communities.

## Questions

1. What do available data tell us about problems related to methamphetamine use and addiction?
  - a. It is a growing problem with a broad impact, and in Colorado the data indicates the problem is higher than the national average.
  - b. There is movement from west to east in meth use. Also, people in the west do not want to ask for help, they are very independent, which may help to explain why the average is seven years of meth use before a person gets into treatment in Colorado. This indicates we need to look at cultural issues as well.
  - c. There is a strong correlation between cocaine use and meth use, and use in rural settings is higher and there are less resources in rural areas to address the issues to address this issue.
  - d. The data for Colorado points to a target population of individuals between the ages of 20 and 30 as main users of meth. Where are they being introduced to the drug and what implications does this have for prevention services? What can we learn about why are they using meth?
  - e. There is an impact on the court system. What is an appropriate sentence for users of meth? Is treatment more appropriate than incarceration?
  - f. There is a strong relationship between meth use and stay at home parents.
2. How can data guide a multi-disciplinary approach to addressing the methamphetamine problem, and related issues, in Colorado?
  - a. Can we identify the key distributions centers for trafficking?
  - b. What type of treatment works best and look at the data to guide prevention efforts and treatment.
  - c. Do we have the treatment that is needed, especially in the rural areas?
  - d. How do we identify the people that need treatment, especially with pregnant women?
  - e. Link up between the different agencies; provide education to the judges about what is available with regard to treatment, drug courts and family services; and look into integrated approaches in communities to help give the family a full circle of coordination of services.
  - f. Endangered children is an area for multi-disciplinary efforts. There is enforcement side of this issues as well as linkages to prevention, intervention and treatment efforts. The Drug Endangered Children's Project serves as a viable model.
  - g. With regard to small communities, how do we address their problems, particularly when there are no treatment resources available, and no prevention services?

- h. Approaches need to be different for rural communities, frontier communities, and larger urban centers. We should have a tiered approach to our efforts.
- 3. What new questions arise from the data?
  - a. No new questions raised.
- 4. What other data will help you understand methamphetamine use and its consequences in Colorado?
  - a. How to capture data at the time of arrest; what type of drug and the amount in the system? How do we build a database to gather this data?
  - b. How are we defining data? All kinds.
  - c. Consider reviewing the history of previous, similar efforts in this state. We have done some of this work before regarding other drug issues. What became of those efforts, how was that work carried on, or why did those efforts fade. A time-line of these previous efforts may help us understand why we are at the place we are currently and how to address sustainability, particularly since there may another drug that becomes an elevated problem in the future. Can we do a timeline with the group? When and why did things change? Look at the funding cycles, the initiatives that have been introduced and then taken away. When did we think things were working well? We need to build in sustainability of our current effort with this Task Force.
  - d. Look at the partnership between the private and public sectors as a strategy for addressing the issues.
  - e. Let's use the data to for a solid picture of the demographics of meth use and related problems, and then lets identify where the facilities for treatment in rural areas are located. What groups are already doing this, especially in the rural areas? What are the best practices that are being used? What are other states doing?
  - f. To better understand meth use within the context of other drugs, let's ask the Data Committee to explore the correlation between meth use and the use of other drugs that are out there. We need to give the data group an idea of where we want them to go and gather what information.
  - g. We need to develop strategies to address all new drugs that come into the communities. This group was going to help the communities and give them a guideline for what the state thinks will help address these problems.
  - h. We need to address the problem one-year before the use starts. Help by using the schools to address the issues before it mainstreams.
  - i. Drug court seems to help address some of the issues in smaller communities.
  - j. It is important to keep the motivation of the public awareness on the issue of meth use.
  - k. Should we approach this like the way that the issue of tobacco use was approached, make it unacceptable through social norms? Montana has a television campaign, as well as a radio campaign. We should explore best practices in this area.

**Regional Methamphetamine Conference Update:**

- Colorado is behind the other states, at least 10 yrs in response to the meth issue. A lot of this is due to lack of resources.
- We have representation on the Task Force of either one of the two Ute Tribes, which are both experiences impact due to meth use. A representative of the Ute Mt Ute Tribae has been invited attend the Task Force meetings.
- Also, Colleen Bresnehan on the environmental side of the Colorado Department of Public Health and Environment has been invited to attend the Task Force meetings
- We need to reach out to other groups and have a Task Force member at each of the conferences and other group meetings.
- We should consider a web site for Meth Task Force in order to make updated information easily accessible to interested individuals and communities.
- The DEA will have a list of properties that have had drug busts.
- RISS net is a law enforcement system. Backbone on accessing information, and programs throughout the states.
- There is a treatment program in Utah that is very cost effective. The services are provide in jail settings
- The Governor and Attorney General of Utah are very knowledge about meth issues and realize the impact of substance abuse has on the communities.
- Environmental issues are not being addressed. Clean up needs to be addressed by Task Force since there is no statewide system in place regarding meth and environmental issues. The assistance of this Task Force is needed to try to get things put though legislation.

**National Methamphetamine Awareness Day Activities:**

This event is scheduled for Nov 30<sup>th</sup> at 8am in Jefferson County. Dave Thomas has been working to organize this breakfast meeting. Mr. Thomas would asked the Task Force to co-host the event. Training Room at Jeffco has been set aside for this room for about 75 people, county sheriffs' will also co host this. After this event we will be asking them to do a presentation .

- Providers group will co-host this with Mr. Thomas.
- It would be good to have the supprt of the Task Force as a co-host.
- What is the cost? Answer: \$8 to 10/per person
- It was requested that the content of the presentation be shared with the vice-chairs prior to the breakfast meeting.
- The address of the location of the meeting is 500 Jefferson County Road.
- Mr. Thomas will send information to Jeanne and the information will be sent out to Task Force members.

There was a motion for the State Methamphetamine Task Force to co-host the National Methamphetamine Awareness Dat Activities in Jefferson County. The motion passed unanimously.

### **Written Report to the General Assembly:**

- It was agreed to have the report ready to give to the General Assembly on Jan 10<sup>th</sup>. The vice chairs will produce an outline and share it with the Task Force members for feedback. The vice chairs will get information from the data committee. The plan is to have a good draft by Dec. 15<sup>th</sup>.
- Suggestions for this report – we have things in place but we need the state to implement these things and start to see the impact of things already passed.

### **Discussion on moving the meeting day of the Task Force**

Due to conflicts in the schedules of some of the Task Force members, the group settled on changing the day of the week of the Task Force meetings to Fridays.

**Next meeting: January 26, 1<sup>st</sup> Friday of the month, from 10:00am – 1:00pm**

Schedule of future meetings:

March 23, 2007	10:00am – 1:00pm
May 25, 2007	10:00am – 1:00pm
July 27, 2007	10:00am – 1:00pm
Sept 28, 2007	10:00am – 1:00pm